

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: MAY 21, 2018

Case Number: 18-114

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Alejandro Aguirre

Premise Name: Salt River Veterinary Specialists

Premise Address: 9953 N 95th St., Ste 105

City: Scottsdale State: AZ Zip Code: 85258

Telephone: (480) 819-8630

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Michael Buttery

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

Received

MAY 21 2018

By:

**C. PATIENT INFORMATION (1):**Name: Tieslo ButteryBreed/Species: West Highland TerrierAge: 11 Sex: Male Color: White**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:***Please provide the name, address and phone number for each veterinarian.*

Dr. Betsy Hershey, 2501 N 32nd St., Phoenix, AZ 85008 602-841-0626

**E. WITNESS INFORMATION:***Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Francisco Ramirez, \_\_\_\_\_

Ernesto Romero, \_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: \_\_\_\_\_

Date: 5-20-2018

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

My dog developed a tumor in his bladder and was having extreme difficulty urinating. Dr. Aguirre performed an ultrasound and stated he needed to immediately install a ureteral stent, to save my dog's life. He stated that my dog would be "peeing normally" by the end of the day when I came back to pick him up, so I agreed to the \$3,225 operation.

After the operation, I noticed a vet assistant was outside with my dog and my dog was still straining to urinate. When I informed Dr. Aguirre of this, he stated that my dog had just went "pee like a race horse" and maybe he just didn't have any liquids in him when I saw him outside. He then later showed me an ultrasound video of before and after and it showed no obstructions and urine exiting the bladder correctly. The next day, still no improvement, but was told to wait a week. I then took my dog back the next week, as zero improvement.

Upon this evaluation, Dr. Aguirre stated that he misread the initial ultrasound -- that my dog had a much larger tumor than he originally thought. He also stated in hindsight, he should have installed a longer stent. When I asked about having another operation, he stated he would need to charge me another \$3,225. He then stated if nothing was done, my dog would not die from the urethra obstruction. I asked about the ultrasound video he showed to me when I came to pick up my dog -- which showed no obstructions. He told me the video was of another dog and that he showed me the video, so that I could see the results of a successful operation. He made me think originally the video I was watching was of my dog.

To make matters worse, Dr. Aguirre charged my credit card \$85 for this office visit, for him to tell me he was very sorry that he performed the operation incorrectly and misread the ultrasound.

A few months after this ordeal, my dog died. I felt I was entitled to full refund of the \$3,225 for his gross incompetence. Dr. Aguirre has refused to return my calls and emails concerning this matter.

9953 N 95<sup>th</sup> St, Suite 105  
Scottsdale, AZ 85258  
May 28, 2018

Arizona Veterinary Medical Board  
1740 W. Adams St, Ste 4600  
Phoenix, AZ 85007

Dear Arizona Veterinary Medical Board:

This letter is in reference to Case#18-114 and Certificate # 27365 In Re: Alejandro Aguirre, DVM, DACVIM.

Tiesto Buttery, a 13 year old castrated male West Highland White Terrier belonging to Michael Buttery, was referred to Salt River Veterinary Specialists by Dr. Hershey at Integrative Veterinary Oncology for an emergency urethral stent placement after identifying a urinary obstruction as the result of metastatic bladder, urethra and prostatic cancer. Tiesto had previously received multiple rounds of chemotherapy with Integrative Veterinary Oncology over the preceding 6 months. Dr. Hershey called to discuss the referral and her concern for Tiesto's progressive urinary obstruction and lack of response to chemotherapy. The owner contacted us on Friday, June 16<sup>th</sup> to schedule a consultation for stent placement. Scheduling limitations prevented the procedure from occurring on June 16<sup>th</sup> when initially contacted, but arrangements were made to reschedule existing appointments on Monday, June 19<sup>th</sup> to facilitate an emergency appointment given the owner's concern that Tiesto may not survive without the procedure.

The owner was very distraught at the time of the appointment on Monday June 19<sup>th</sup>. He expressed great concern that Tiesto had been undergoing chemotherapy, but that his cancer had progressed to the point where he could no longer urinate. As part of this evaluation, I performed an ultrasound which revealed a diffuse mass involving the prostate, pre and post prostatic urethras and a large portion of the bladder. The sublumbar lymph nodes were enlarged and heterogeneous and were concerning for metastatic disease. The bladder was distended and was consistent with a partial or complete obstruction. The palliative nature of a urethral stent was discussed with the owner at great length. The goal of the stent, as relayed to the owner, was to alleviate as much of the urethral obstruction as possible thereby facilitating the passage of urine. Integrative Veterinary Oncology had planned to follow up with a new chemotherapy protocol should his obstruction be mitigated. When discussing stent placement, I am very intent on conveying that the stent will not cure the cancer. It is simply to restore the flow of urine. Patients will invariably go on to die from a recurrent obstruction, metastatic disease or renal failure resulting from ureteral obstruction. In addition, the risk of incontinence following the procedure was also relayed to the owner. I make it a point to inquire if incontinence is problematic since it can be a quality of life issue for owners if their animals are constantly dribbling urine around the house. Mr. Buttery expressed that he was not concerned about the leakage of urine since it had already been an ongoing issue. In general, when discussing urethral stent placement I often detail the procedure with drawings, videos and pictures as means of educating owners about the procedure itself. I discussed that great care is taken in positioning the stent within or just behind the urethral sphincter to limit the chance of incontinence. A portion of the sphincter and potential tumor are intentionally left unstented to help preserve

continence. In doing so, many patients will continue to strain to some degree since not all of the tumor is displaced. A stent placed entirely across the sphincter would invariably result in complete incontinence. Mr. Buttery agreed to the procedure and signed the consent form and estimate.

The procedure was performed later the same day given the severity of the situation. A partially covered urethral stent was placed across a majority of the urethral tumor. A contrast urethrogram following the procedure confirmed a marked improvement in the flow of urine through the tumor. Minimal bleeding was noted with the procedure. Tiesto recovered well from the procedure and successfully urinated while in the hospital. He was discharged to the care of his owner later the same day. Follow-up was scheduled in 1-2 weeks pending clinical course.

The owner contacted the hospital the following day and was concerned that Tiesto was still straining. Mr. Buttery was instructed to bring Tiesto in to be re-evaluated and to ensure that there was not a blood clot or inflammation (urethritis) that may be causing an obstruction. Tiesto was monitored for several hours in the hospital. He was repeatedly able to urinate when walked outside. He consistently strained at the end of his urination cycle typical of patients with bladder cancer. The bladder was imaged with ultrasound and was consistently small following urination demonstrating successful voiding. No blood clot was identified that may have been causing an obstruction. The owner was instructed to continue the medications and was to call again at the end of the week. A recheck was recommended again in 2 weeks.

An attempt was made to contact Mr. Buttery on the second day after the procedure (June 21st), but the owner never returned the call. The owner emailed approximately 1 week later indicating that Tiesto was still not urinating correctly. I contacted the owner the following day. The owner was concerned that Tiesto may not be generating a stream of urine. Detrusor atony and obstruction were discussed as possible reasons. Dr. Hershey's office was contacted to obtain the results of a previous urine culture in the event that a UTI may be present and causing the persistent signs (later determined that the culture was negative). The owner was insistent that Tiesto be seen the next day. Existing patients were contacted and adjustments were made to the schedule to facilitate an emergency appointment to re-evaluate Tiesto the following day.

Tiesto presented to Salt River on June 30th for a recheck examination. The owner indicated that Tiesto was still straining for an extended period of time while urinating. The volume of the bladder was measured with ultrasound before and after urination. The bladder was small at the start of the study and was even smaller after urinating outside. The results again demonstrated that Tiesto was able to successfully void. The straining reported by the owner was attributed to the bladder tumor and inflammation of the bladder wall secondary to the tumor (similar to a UTI) leading to straining. The frequency of urination was attributed to the fact that Tiesto had advanced bladder cancer which was invading the bladder wall and was occupying space in the bladder effectively making the bladder smaller and limiting the ability of the bladder to fully distend. An attempt was made to contact Mr. Buttery on July 3<sup>rd</sup> to check on Tiesto's status, but the voicemail was never returned.

I contacted Dr. Hershey on July 8th and reviewed the details of the case. We discussed that the goal of the stent was to alleviate his urinary obstruction and allow more time for chemo to hopefully be effective. The stent was never performed with intention of fixing Tiesto's urinary leakage and if anything ran the risk of worsening the incontinence which the owner was aware of at the time of the procedure. We both agreed that the incontinence and straining likely stemmed from infiltration of the prostate, urethra and bladder with cancer and lack of the bladder to distend.

Mr. Buttery filed a claim with his credit card company on August 7, 2017 citing “services not as provided” as the reason for his dispute. Mr. Buttery contacted Salt River via email, advising of his intention to dispute services and requested a resolution. I left a voicemail message for Mr. Buttery the same day indicating my willingness to discuss the situation. Two additional voice messages were left over subsequent days, as well as an e-mail informing Mr. Buttery of our attempt to address his concerns. Mr. Buttery never followed-up and proceeded with this dispute. After providing documentation of attempts to contact the owner, Mr. Buttery’s signed estimate and signed consent form, the credit card company upheld the changes in Salt River’s favor.

On May 20<sup>th</sup>, 2018, eleven months after the procedure Mr. Buttery posted defamatory reviews on Facebook, Yelp and Google, filed a complaint with the Better Business Bureau as well as the Arizona State Veterinary Medical Examining Board.

In rebuttal to his complaint letter, Mr. Buttery’s primary complaint seems to revolve around Tiesto’s persistent straining after the urethral stent placement. In Mr. Buttery’s mind, it seems that straining is synonymous with a persistent obstruction and failure of the procedure. As I have previously indicated, straining rarely resolves with stent placement. The singular goal of stent placement is to restore the flow of urine. Tiesto’s bladder was largely infiltrated with cancer which in and of itself causes urgency, straining, and more frequent urinations. The bladder tumor itself was determined to be the cause of the straining. Tiesto struggled with incontinence issues both before and after the procedure. In Tiesto’s case, the bladder lumen was greatly compromised by the tumor limiting its capacity to hold urine. This results in urge incontinence which is a common finding in patients with bladder cancer. Fibrosis of the bladder wall was also likely an issue given the nearly 6 months of chemo prior to stent placement. Patients can only survive 48 to 72 hours with a urethral obstruction. Unless a subsequent procedure was performed that I am unaware of, the fact that Tiesto went on to survive several months is a testament to the success of the stent and indicates that the procedure was not “botched” as indicated by Mr. Buttery. I in no way guaranteed that Tiesto would be urinating normally with stent placement particularly given the advanced nature of his cancer.

Mr. Buttery’s claim that the ultrasound was misread and a longer stent should have been placed is a misrepresentation of the facts. Ultrasound is used as a very preliminary measurement tool in assessing length of a stent prior to the procedure. Formal measurements are performed with fluoroscopy in real time when the stent is placed to allow for greater precision in both length and diameter. A discussion was had with the owner regarding the stent size as I do with nearly all of the stent procedures. Stent diameter and length are limited to those sizes that are commercially manufactured. Great care is taken in choosing a stent to ensure the best possible outcome and to minimize risks and complications. Custom sizes and therefore perfect fits are not possible in every patient and particularly not on an emergency basis. The next larger size stent available at the time would have been far too long and too wide in Tiesto’s case and would likely led to substantial discomfort and would likely have guaranteed complete incontinence. Mr. Buttery’s claim that I stated that I misread the initial ultrasound and that I should have installed a longer stent does not make sense, as it would not have made sense for me to make that statement.

I feel that Mr. Buttery is also confusing the discussion of the urethral stent size and placement with another discussion regarding additional procedures that could have been considered if re-obstruction were to have occurred in the future. I reiterated to him on multiple occasions that the stent was located where it was intended to be placed (across the obstruction). The confusion likely surrounds the discussion of a second stent placement. Some patients after

weeks to months go on to develop a recurrent urethral obstruction as a result of tumor growth at the caudal end of the stent. A second stent or laser debulking of the tumor can be performed if needed at that time. At the time of Tiesto's re-evaluations, he was still able to void urine successfully as evidenced by the small size of his bladder on repeat ultrasounds. A second stent was simply not indicated at that time.

I frequently draw pictures, show still images and videos to aid in owner understanding of complicated procedures. I have included two drawings that were done for Mr. Buttery detailing the goals and outcome of the urethral stent procedure as well as a third that was used to demonstrate additional treatments that could be performed should Tiesto's cancer continue to progress. The accusation that I intentionally deceived Mr. Buttery and showed him a video of another dog and claimed that it was his is simply untrue. As a specialist, I hold myself to a very high ethical standard and would never knowingly deceive an owner or pass off previous images as those of a current patient. The fluoroscopy of Tiesto's stent placement shows a successful procedure. Therefore, there would be no need to pass off another patient's video in place of his own video.

Mr. Buttery's claim that we refused to return his calls is also untrue. There are numerous documented phone calls and emails trying to address Mr. Buttery's concerns. In fact, his own emails attest to the fact that he received the phone calls, but had yet to return them. Our last attempt to reach Mr. Buttery occurred on August 28<sup>th</sup>, 2017, a final message was left. Mr. Buttery never returned the call and he has not contacted our hospital in the past 9 months.

Frankly, I am truly disappointed by Mr. Buttery's lack of understanding of the procedural goals and limitations after having spent a great deal of time with him on multiple occasions and in talking with Dr. Hershey. As is often the case, emotions run high when making difficult and potentially end of life decisions. After I received his e-mail with his intention to dispute the charges with his credit card company, I approached his disconnect as a learning lesson. I subsequently sat down with the management staff and created a more specific procedural consent form for urethral stents. The same information that I have always discussed with every client prior to stent placement is outlined and the owners are now required to initial each individual statement regarding the procedure risks, benefits and potential complications.

I have included copies of my Internal Medicine reports, the signed estimate, the signed consent form, the client communications, fluoroscopy and ultrasound images that I performed for the committee's review. Written accounts from two staff members involved in the case are also provided.

In conclusion, I understand that anytime a patient is diagnosed with a life threatening illness it can be a very frantic time for their owners. It can be challenging to communicate with owners when they are in a highly emotional state. As such, I am very intentional in my discussions to reiterate the most important concerns multiple times in an attempt to convey an understanding of the goals, expectations and limitations of my recommendations. Please let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alejandro Aguirre', with a long horizontal line extending to the left.

Alejandro Aguirre DVM, DACVIM



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christina Tran, D.V.M.  
Mary Williams  
Carolyn Ratajack - **Recused**

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Michael Raine, Assistant Attorney General

**RE:** Case: 18-114

Complainant(s): Michael Buttery

Respondent(s): Alejandro Aguirre, D.V.M. (License: 4010)

**SUMMARY:**

Complaint Received at Board Office: 5/21/18

Committee Discussion: 9/11/18

Board IIR: 10/17/18

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014

(Salmon); Rules as Revised September

2013 (Yellow).

On June 19, 2017, "Tiesto," an 11-year-old male West Highland White Terrier was presented to Respondent on referral to have a urethral stent placed due to a transitional cell carcinoma affecting the bladder, prostate and urethra. The urethral stent was intended to help manage the dog's stranguria and progressive urethral obstruction. The procedure was performed and the dog was discharged later that day.

Complainant reported no improvement and the dog continued to strain to urinate and dribble urine. Complainant further reported that Respondent told him that, in hindsight, a larger stent should have been placed and showed him a post-surgical ultrasound video of another patient with a successful outcome leading Complainant to believe it was of his dog.

Complainant contends Respondent was negligent in the care of the dog.

**Complainant was noticed and was unable to attend.**

**Respondent was noticed and appeared with counsel, Reed Campbell.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Michael Buttery*
- Respondent(s) narrative/medical record: *Alejandro Aguirre, DVM*
- Consulting Veterinarian(s) narrative/medical record: *A. E. Hershey, DVM - IVO*



**PROPOSED 'FINDINGS of FACT':**

1. Dr. Hershey at Integrative Veterinary Oncology began seeing the dog in October 2016 for continued treatment of bladder cancer, presumed transition cell carcinoma. The dog had multiple polypoid masses in his bladder, an enlarged mineralized prostate and mildly enlarged iliac lymph nodes. The dog was being treated with chemotherapy at another specialty clinic. Dr. Hershey started the dog on vinblastine chemotherapy, along with herbals and acupuncture.
2. On February 2, 2017, the dog was presented to Dr. Hershey due to straining to defecate; an ultrasound showed progression of his prostate mass and presumed metastatic lymph nodes and chemotherapy was changed to mitoxantone.
3. On June 15, 2017, the dog was presented to Dr. Hershey due to difficulty urinating. The dog had a fever and a low WBC count from the previous week's chemotherapy. The dog was treated with fluids and antibiotics. The ultrasound at that time did not show an appreciable change in the size of the bladder tumor, however, Dr. Hershey was concerned about partial urethral obstruction and recommended Complainant consult with Respondent to discuss whether a urethral stent would be beneficial.
4. On June 19, 2017, the dog was presented to Respondent for consultation of possible urethral stent placement. Respondent went over the dog's history and Complainant reported that the dog has been showing signs of stranguria and pollakiuria. The dog started dribbling urine while sleeping and often wakes in a puddle of urine. The leaking improved with the addition of prion.
5. Upon exam, the dog had a weight = 12.9 kgs, a temperature = 100.1 degrees, a heart rate = 10bpm and a respiration rate = 30rpm. Respondent noted a 2cm area of ulcerated skin to the right of the prepuce and the ventral abdomen was erythematous due to either urine scald or allergies. A brief ultrasound of the urinary tract was performed and revealed a diffuse mass involving the prostate and both the preprostatic and pelvic urethras. There was mineralization along the luminal aspect of the urethra and the mass extended into the bladder particularly along the ventral surface. Although the mass was also present along the dorsal bladder wall, there was no impingement on either ureter.
6. Respondent went over the pros and cons of a urethral stent to help manage the dog's stranguria and progressive urethral obstruction. Respondent stated that he relayed to Complainant that the goal of the stent was to alleviate as much of the urethral obstruction as possible by facilitating the passage of urine. The stent does not cure cancer, it simply restores the flow of urine. Patients will invariably go on to die from recurrent obstruction, metastatic disease or renal failure resulting from ureteral obstruction. Additionally, the risk of incontinence following the procedure was also relayed to Complainant. According to Respondent, Complainant stated that he was not concerned about the leakage of urine since it had been an ongoing issue. Respondent further explained that great care is taken in positioning the stent within or just behind the urethral sphincter to limit the chance of incontinence. A portion of the sphincter and potential tumor are intentionally left unstented to help preserve continence. In doing so, some patients will continue to strain to some degree since not all of the tumor is displaced. A stent placed entirely across the sphincter would regularly result in complete incontinence.

7. The procedure was performed and a follow-up contrast urethrogram showed substantial improvement in the flow through the tumor. The dog recovered; Complainant was advised that the dog's incontinence may or may not resolve with the stent. The dog was discharged later that day with enrofloxacin and tramadol and instruction to continue with piroxicam, amoxicillin gabapentin and Proin. A recheck was recommended in two weeks.

8. The following day, the dog presented to Respondent for a recheck. Complainant was concerned the dog was not able to urinate and strained for long periods of time when outside. Respondent examined the dog and the dog was monitored for several hours in the hospital. He was able to repeatedly generate a stream of urine when out for a walk. The dog did strain for quite some time at the end of the urination cycle. An ultrasound revealed that the bladder was completely empty therefore Respondent felt the dog's straining was likely due to the mass or inflammation and not an obstruction.

9. On June 29, 2017, Respondent spoke with Complainant regarding his concerns that the dog was still not able to urinate correctly; the dog was straining and not producing a stream. Respondent discussed obstruction versus detrusor atony. He wanted to perform another ultrasound to ensure the bladder was not obstructed and explained that the goal of the stent was to alleviate any obstruction. The stent was unlikely to resolve the straining and dribbling since those were related to the bladder portion of the tumor.

10. The following day, the dog was presented to Respondent for an ultrasound. Complainant reported that there was no urine stream, even in the beginning and was dripping. The dog continued to eat and drink well, lethargy improved with tramadol. Respondent examined the dog and performed a bladder contraction study. The bladder volume pre-micturition was 11.3cc and the residual volume post-micturition was 1.8cc. The stent was well placed in the prostatic urethra.

11. Respondent documented that the dog was walked outside and was successfully able to void. The stream varied from dribble to spurts. The majority of the flow occurred in the beginning of the cycle and then strained productively at the end for an extended period of time. The contraction study indicated that the detrusor was functional and that the dog was able to void completely. The stranguria was due to the tumor more so than a functional problem with the bladder. The dog's bladder was unlikely to fill completely due to the tumor which explained the frequency of urinations. The dog was discharged later that day with instructions to continue medications as prescribed and recheck as needed.

12. On July 8, 2017, Respondent discussed the case with Dr. Hershey. They discussed that the goal of the stent was to alleviate the dog's urinary obstruction and allow more time for chemo to hopefully be effective. The stent was never performed with the intention of fixing the dog's urinary leakage and if anything ran the risk of worsening the incontinence which Complainant was made aware of at the time of the procedure. They agreed that the incontinence and straining was likely a result from the infiltration of the prostate, urethra and bladder with cancer and lack of bladder to distend.

13. Complainant expressed concerns that Respondent advised him that the tumor was larger than he originally thought and in hindsight, he should have placed a longer stent. When they

discussed the ultrasound that Complainant viewed at discharge showing no obstructions, Respondent told him the video was of another dog and had shown Complainant so he could see the results of a successful procedure.

14. Respondent responded to this allegation stating that ultrasound is used as a preliminary measurement tool in assessing length of a stent prior to the procedure. Formal measurements are performed with fluoroscopy in real time when the stent is placed to allow for greater precision in both length and diameter. Stent diameter and length are limited to those sizes that are commercially manufactured. Great care is taken in choosing a stent to ensure the best possible outcome and to minimize risks and complications. The next larger size stent available at the time would have been far too long and too wide in the dog's case and would likely led to substantial discomfort and would likely have guaranteed complete incontinence.

15. Some patients after weeks to months go on to develop a recurrent urethral obstruction as a result of tumor growth at the caudal end of the stent. A second stent or laser debulking of the tumor can be performed if needed at that time. The dog's re-evaluation showed that he was still able to void urine successfully as evidenced by the small size of the bladder on repeat ultrasounds. A second stent was not indicated at that time.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that the potential risks and complications are clearly outlined in the medical records. Complainant signed the consent form and an estimate. The dog had metastatic cancer of the bladder, prostate and urethra and the Committee felt that the procedure helped the dog live another 6 months. Respondent assessed the bladder later and it was empty, proving that there was a free flow of urine.

The Committee felt Complainant believed the dog would not dribble as much urine however based on the medical records, that issue was discussed extensively with Complainant that it could potential happen. The stent placement was to allow the dog to empty the bladder, not that it would empty the bladder normally. Additionally, they were dealing with a tumor that could have potentially obstructed the stent.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

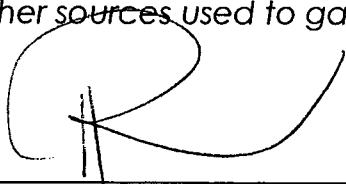
#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, appearing to be 'TR' with a large loop, positioned above a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division